

FEDERAL SECURITY AGENCY

State Office of Vital Statistics
FILED OCT 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

35238

Registration District No. 317

Primary Registration District No. 6676

Registrar's No. 2353

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town VIGUS MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution LIFE (Specify whether years, months or days)

3. (a) PRINT FULL NAME HENRY VOSS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MARCH 23 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 6 17 hr. min.

9. Birthplace ROBERTSON MO. D.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business SELF

12. Name HERMAN VOSS

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant FRED VOSS

(b) Address 8838 WINDOM, AVE

17. (a) BURIAL (b) Date thereof 10/13/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ZION, C.E.M.

18. (a) Signature of funeral director Baumann Bros Inc

(b) Address 2504 W. 4th St. St. Louis Mo

19. (a) 10-12-48 (b) Liaison 2.3. Chap 1st
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. LOUIS MO
(c) City or town ROBERTSON
(If outside city or town limits, write "RURAL")
(d) Street No. RURAL
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death - crushing chest injuries, suffered while automobile he was operating was struck by xxx freight train.

Due to 170-6-4
Other conditions 23
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Oct. 10, 1948

(c) Where did injury occur? Near Vigus, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Private road & R.R. right-of-way.

While at work? _____ (Specify type of place) (e) Means of injury Blunt im-
act

23. Signature Unald J. Willmann (M.D. or other) 3

Address Clayton Mo. Date signed 10/12/48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.